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APPLICANTS

Tracy C. Klaus, Calgary, CANADA;

** CONTINUING DATA ***** NA TTD

** FOREIGN APPLICATIONS ***** NA TTD

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** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>TD</u>	CANADA	5	18	2

ADDRESS

AIR MAIL

27522
SEAN W. GOODWIN
237- 8TH AVE. S.E., SUITE 360
THE BURNS BUILDING
CALGARY , AB
T2G 5C3
CANADA

TITLE

Diagnostic safety inspection apparatus

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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